



State of Montana
DEPARTMENT OF CORRECTIONS
RADIO EQUIPMENT ISSUE AGREEMENT

Division / Department / Region	
LM – Local Radio System Manager:	

Issued To:		Employee Number:	
Radio and Accessories Issued			
Make	Model	Serial Number	Date Issued

Conditions of Agreement:

1. I understand the DOC radio I have been issued is for official use by Department staff only. I am responsible for maintaining the radio / equipment in operating condition. I further understand that I am responsible for this equipment if it is lost or damaged due to negligence.
2. I will report any damage to this equipment in a timely manner to the Local Radio System Manager (LM).
3. I will immediately report the loss of any radio to my Local Radio System Manager and supervisor.
4. I understand that all radio programming must be approved by the Department RSM.
5. I am familiar and will comply with related Department policies including *DOC Policy 3.1.33, Radio/Telephone Communication Systems* and attachments.
6. I will immediately return the equipment to the Local Radio System Manager upon termination of my employment or when the radio is no longer required in the performance of my job duties.

Acknowledgement			
LM Signature:		Date:	
Employee Signature:		Date:	

Local Radio System Managers (LM) is the Department employee responsible for oversight of the radio communication system specific to the employee's division, facility, or bureau.